

06/02/00

ARTHROCARE CORPORATION
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Atty. Docket No. CB-7-2

"Express Mail" Label No. EK628671824US

Date of Deposit June 2, 2000

I hereby certify that this is being deposited with the
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By: 

BOX PATENT APPLICATION
 ASSISTANT COMMISSIONER FOR PATENTS
 Washington, D. C. 20231

Sir:

Transmitted herewith for filing under 37 CFR §1.53(b) is the

[] patent application, [] continuation patent application,

[X] divisional patent application, or [] continuation-in-part patent application of

Inventor(s)/Applicant Identifier: MICHAEL A. BAKER, STEPHEN M. BRUNELL, JEAN WOLOSZKO, RONALD A.
 UNDERWOOD, HIRA V. THAPLIYAL, and PHILIP E. EGGERS

For: SYSTEM FOR ELECTROSURGICAL TISSUE TREATMENT IN THE PRESENCE OF ELECTRICALLY
 CONDUCTIVE FLUID (as amended)

- [X] This application claims priority from each of the following Application Nos./filing dates:
09/248,763 / February 12, 1999; 60/096,150 / August 11, 1998; 60/098,122 / August 27, 1998;
08/795,686 / February 5, 1997; 08/561,958 / November 22, 1995 the disclosure(s) of which is (are) incorporated by reference.
 [X] Please amend this application by adding the following before the first sentence: --This application is a [] continuation [X] division of and
 claims the benefit of U.S. Application No. 09/248,763 / February 12, 1999 the disclosure of which is incorporated by reference.--

Enclosed are:

- [X] 31 sheet(s) of [] formal [X] informal drawing(s); specification including description, claims and abstract; [X] title page.
 [X] A copy of the assignment of the invention to ArthroCare Corporation.
 [X] A copy of the [X] signed [] unsigned Declaration and Power of Attorney
 [] A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 [] is enclosed [] was filed in the prior application.
 [] A certified copy of a _____ application.
 [X] Information Disclosure Statement under 37 CFR 1.97.
 [] Preliminary Amendment
 [X] Please cancel claim(s) 1-10 and 21-32.

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	10 -20=	* 0
INDEP CLAIMS	1 -3=	* 0
[] MULTIPLE DEPENDENT CLAIM PRESENTED		

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
RATE	FEE		RATE	FEE
	\$	OR		\$690
X9=	\$	OR	X18=	\$
X39=	\$	OR	X78=	\$
+130=	\$	OR	+260=	\$
TOTAL	\$	OR	TOTAL	\$690

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 50-0359 as follows:

[X] Filing fee

\$ 690.00[X] Any additional fees associated with this paper or
during the pendency of this application[] The issue fee set in 37 CFR 1.18 at or before mailing of the Notice
of Allowance, pursuant to 37 CFR 1.311(b).

[] A check for \$ _____ is enclosed.
1 extra copies of this sheet are enclosed.

Respectfully submitted,
 ARTHROCARE CORPORATION

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John T. Raffle
 Reg. No.: 38,585